

Specimen ID:  
 Control ID:

Acct #:

Phone:

Rte:


**Patient Details**

 DOB:  
 Age(y/m/d):  
 Gender:      SSN:  
 Patient ID:

**Specimen Details**

 Date collected:  
 Date received:  
 Date entered:  
 Date reported:

**Physician Details**

 Ordering:  
 Referring:  
 ID:  
 NPI:

**General Comments & Additional Information**

Clinical Info: NORMAL REPORT

**Ordered Items**

Ureaplasma/Mycoplasma hominis

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Ureaplasma/Mycoplasma hominis</b>					
Ureaplasma urealyticum	Negative			Negative	01
Mycoplasma hominis	Negative			Negative	01